



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

MAR 11 1982

Robert Schauer
7444 W. Wilson
Chicago, IL 60656

RE: Interim Status Acknowledgement USEPA ID No. ILD 005 092 135
FACILITY NAME: Methode Electronics Inc.

Dear Mr. Schauer:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,


Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

DH
3/11/82



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD005092135

REACKNOWLEDGEMENT

METHODE ELECTRONICS INC
7444 W WILSON
CHICAGO

IL 60656

INSTALLATION ADDRESS

7444 W WILSON
CHICAGO

IL 60656



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

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EPA I.D. NUMBER

ILD005092135

REACKNOWLEDGEMENT

METHODE ELECTRONICS INC
7444 W WILSON
CHICAGO

IL 60656

INSTALLATION ADDRESS

7444 W WILSON
CHICAGO

IL 60656

08/14/81

PAF

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F002	F006				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

31	32	33	34	35	36
23	23	23	23	23	23
26	26	26	26	26	26
37	38	39	40	41	42
23	23	23	23	23	23
26	26	26	26	26	26
43	44	45	46	47	48
23	23	23	23	23	23
26	26	26	26	26	26

49	50	51	52	53	54
23	23	23	23	23	23
26	26	26	26	26	26

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED _____

RS Gupta

Rudolph E. MILITO
CORPORATE PLATING MGR

8/10/83



U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA
I.D. NO.

ILD005092135

I. NAME OF INSTALLATION

METHODE ELECTRONICS INC
7444 W WILSON
CHICAGO, IL 60656II. INSTALLATION
MAILING
ADDRESS

III. LOCATION OF INSTALLATION

7444 W WILSON
CHICAGO, IL 60656

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

000084 AUG 12 80

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP

(enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

ILD005092135

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 11 1980

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 2	2 F 0 0 3	3 F 0 0 6	4 F 0 0 7	5 F 0 0 8	6 F 0 0 9
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 0 2	32 U 1 2 2	33 U 2 2 0	34 U 2 2 6	35 U 2 3 9	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

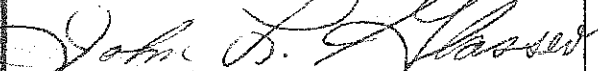
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

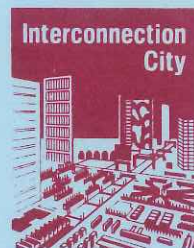
NAME & OFFICIAL TITLE (type or print)

DATE SIGNED



John L. Glasser - General Mgr

8/7/80



7444 W. WILSON AVE. • CHICAGO, ILL. 60656

TWX 910-221-2468

TELEPHONE (312) 867-9600

February 1, 1984

Mr. Horst Witschonke, Chief
State Technical Unit #1
United States Environmental
Protection Agency
230 South Dearborn Street
Chicago, Illinois 60604

Dear Mr. Witschonke:

In reference to your letter dated November 29, 1983, we would like to cancel our request for withdrawal from the system. As you are aware, our printed circuit facility at 7444 West Wilson Avenue, EPA #ILD0005092135, ceased operation in July of 1981 and all hazardous waste was disposed of by spring of 1983.

As I mentioned in one of my previous letters, we are considering setting up a gold plating line sometime in the near future which would again make us a user and generator of hazardous waste. I have discussed this with the Illinois EPA office, and they suggested I withdraw my request and remain open although we are inactive at this time.

I would appreciate your consideration of this request as soon as possible, and anticipate communication from you in regard to anything you will require to grant my request. Your cooperation is appreciated.

Very truly yours,

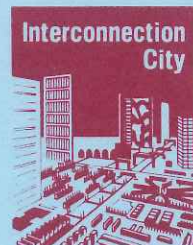
Michael A. Greco
Michael A. Greco
Corporate Controller

jak

cc: Mr. Harry Chappel
Illinois EPA

RECEIVED
FEB 03 1984

WASTE MANAGEMENT
BRANCH



7444 W. WILSON AVE. • CHICAGO, ILL. 60656

TWX 910-221-2468

TELEPHONE (312) 867-9600

August 4, 1983

Ms. Zetta Davis
U. S. Environmental
Protection Agency
230 South Dearborn Street
Chicago, Illinois 60604

G, TSD, motif, PAS 1

Dear Ms. Davis:

Per our telephone conversation of August 3, 1983, I am formally requesting that you remove Methode Electronics, Inc., facility address 7444 West Wilson Avenue, Chicago, IL 60656, Illinois EPA #ILD005092135, from your system as a generator of hazardous waste.

As I explained in our conversation, this facility was officially closed as of April 30, 1981. Production continued into July of 1981, and final disposal of all hazardous waste on site was completed in March of 1983. The company that handled the waste disposal from this facility was American Waste Haulers in Maywood, Illinois (Brock Reinhard, Project Engineer, 681-3999). Currently, this facility houses our Corporate offices, a tooling division and one of our smaller subsidiaries known as Methode Development Company, of which none of the aforementioned are generators of hazardous waste. As I also mentioned, we are in the early stages of setting up a gold plating line in this facility and, per your advice, will be reapplying for permits shortly.

I hope that the above meets your requirements. If you have any questions or require additional information, please feel free to contact me at any time. Your cooperation is appreciated.

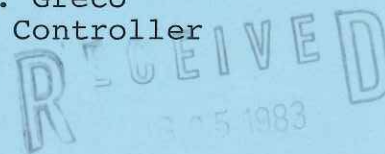
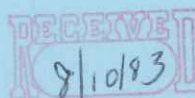
Very truly yours,

Michael A. Greco

Michael A. Greco
Corporate Controller

jak

cc: Mr. Andrew Vollmer,
Illinois EPA



WASTE MANAGEMENT
BRANCH

2D
8/9/83

FORM 1		ENVIRONMENTAL PROTECTION AGENCY	
GENERAL		GENERAL INFORMATION	
LABEL ITEMS		Consolidated Permits Program	
		(Read the "General Instructions" before starting.)	
I. EPA I.D. NUMBER	ILD005092135		
III. FACILITY NAME	METHODE ELECTRONICS INC		
V. FACILITY MAILING ADDRESS	7444 W WILSON CHICAGO, IL 60656		
VI. FACILITY LOCATION	7444 W WILSON CHICAGO, IL 60656		

I. EPA I.D. NUMBER														
F I L D 0 0 5 0 9 2 1 3 5 3 D														
GENERAL INSTRUCTIONS														
<p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>														

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY														
1 SKIP METHODE ELECTRONICS INC														

IV. FACILITY CONTACT														
A. NAME & TITLE (last, first, & title)										B. PHONE (area code & no.)				
2 SCHAUER ROBERT PURCHASING										3 1 2 8 6 7 9 6 0 0				

V. FACILITY MAILING ADDRESS														
A. STREET OR P.O. BOX														
3 7 4 4 4 W WILSON AVE														
B. CITY OR TOWN										C. STATE		D. ZIP CODE		
4 CHICAGO (HARWOOD HTS)										IL		6 0 6 5 6		

VI. FACILITY LOCATION														
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER														
5 7 4 4 4 W WILSON AVE														
B. COUNTY NAME										C. CITY OR TOWN				
COOK										6 CHICAGO				
D. STATE					E. ZIP CODE					F. COUNTY CODE (if known)				
IL					6 0 6 5 6					0 3 1				

83-82
2-11-82

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7 3 6 7 9 (specify) PRINTED CIRCUITS										7 (specify)									
C. THIRD										D. FOURTH									
7 (specify)										7 (specify)									

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?									
8 M E T H O D E E L E C T R O N I C S , I N C .										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)									
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)									
P (specify)										3 1 2 8 6 7 9 6 0 0									
E. STREET OR P.O. BOX																			
7 4 4 4 W I L S O N A V E .																			
F. CITY OR TOWN										G. STATE									
B C H I C A G O (HARWOOD HTS)										I L 6 0 6 5 6									
IX. INDIAN LAND										Is the facility located on Indian lands?									
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R										(specify)									

SEE ATTACHED SHEET

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE PRINTING CIRCUIT BOARDS

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
John L. Glasser, General Mgr.																				November 13, 1980									

COMMENTS FOR OFFICIAL USE ONLY

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CONTINUE ON REVERSE

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. (enter code)	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA Form 3510-3 (6-80)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)															
S													T	A	C
F	I	L	D	0	5	0	9	2	1	3	5				6
1	2											13	14	15	

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*). 6/9/15

LATITUDE (degrees, minutes, & seconds)

4157480

8	7	4	8	3	0	300
65	66	67	68	69	70	

LONGITUDE (degrees, minutes, & seconds)


8748300 - 4157480

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.


B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)																									
C																																								
E																																								
15	16														55	56	-	58	59	-	61	62	-	65																
3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.		6. ZIP CODE																		
C																C																								
F																G																								
13	16														45	13	16														20	41	42					47	-	41

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) W. T. Jensen	B. SIGNATURE 	C. DATE SIGNED November 13, 1980
--	---	--

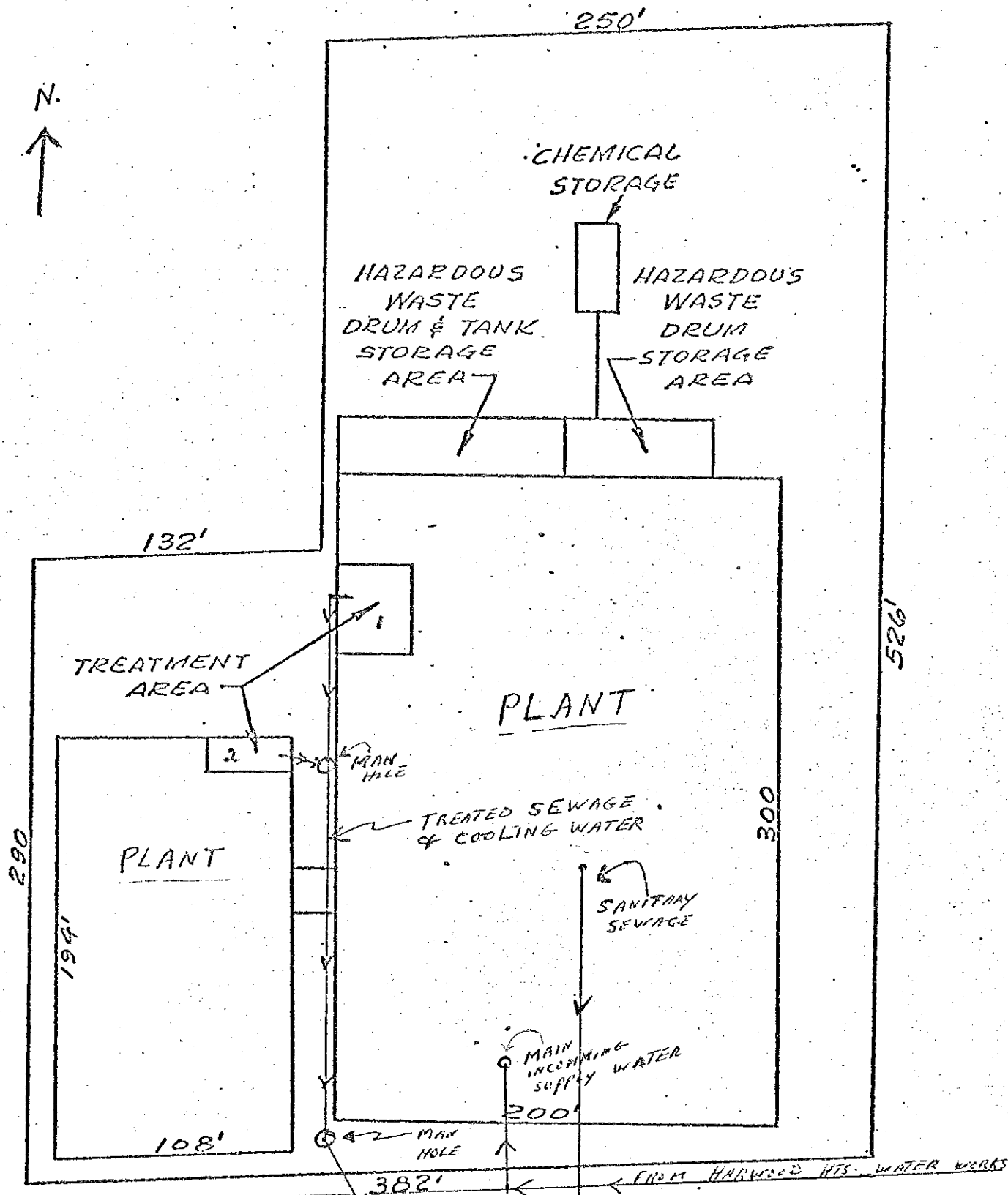
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
John L. Glasser, General Mgr.		November 13, 1980

ITEM X EXISTING ENVIRONMENTAL PERMITS FOR HAZARDOUS WASTE

<u>ISSUED BY</u>	<u>AUTHORIZATION NO.</u>	<u>WASTE PRODUCT</u>
IL EPA	780589	NEUTRALIZED CU. SOLUTION
IL EPA	998464	ACETONE
IL EPA	998416	METHYLENE CHLORIDE
IL EPA	998417	TRICHLORETHANE
IL EPA	998560	AMMONIACAL CU. SOLUTION

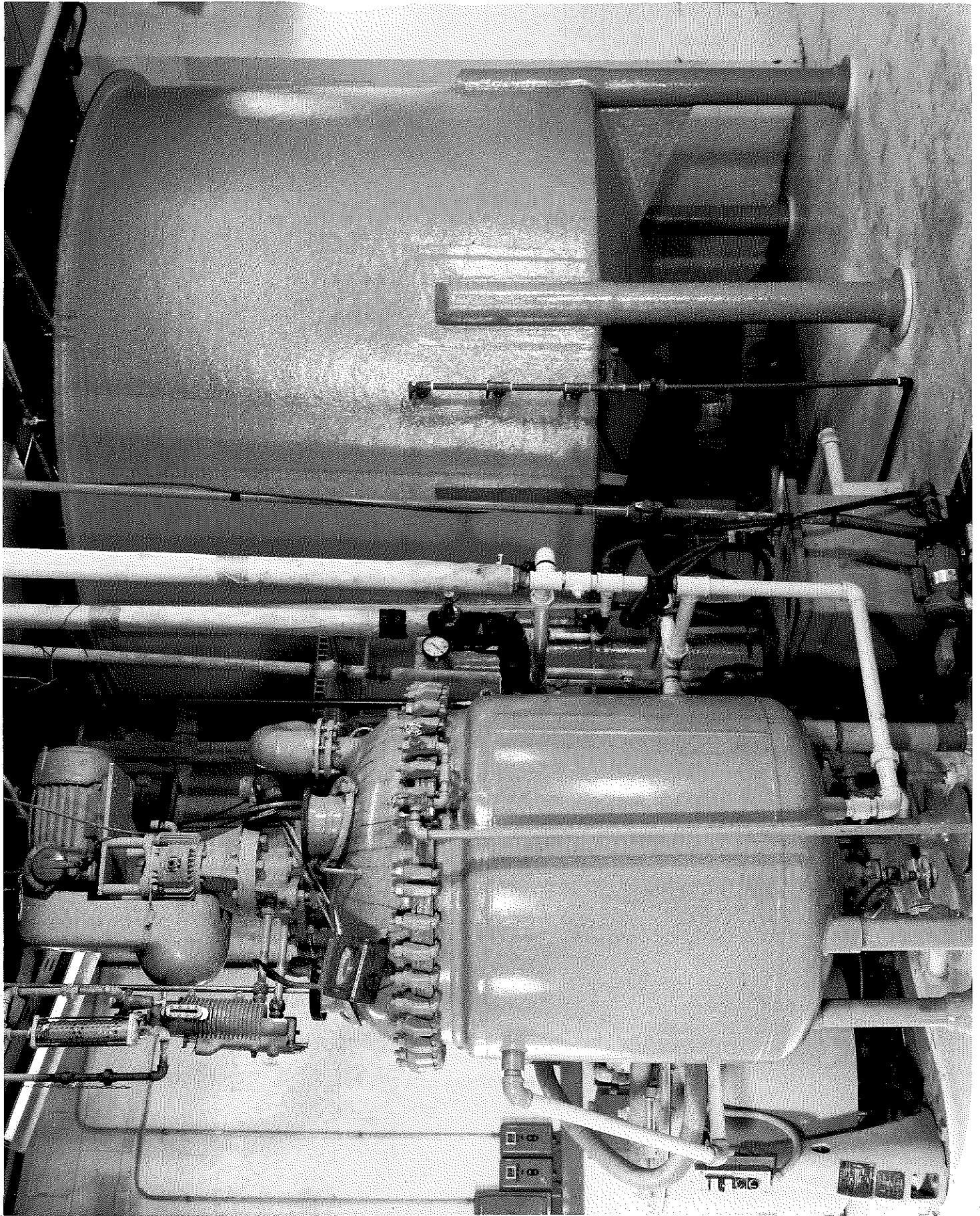
<u>ISSUED BY</u>	<u>AUTHORIZATION NO.</u>	<u>AIR EMISSION SOURCES</u>
COOK COUNTY DEPT OF ENVIRONMENTAL CONTROL	ID 011094 " "	(5) FUEL BURNING EQU. (17) PROCESS EQU. (9) CONTROL DEVICE



SEWER TO CHICAGO METROPOLITAN SANITARY DISTRICT TREATMENT SYSTEM

METHODE ELECTRONICS INC.
(HARWOOD HTS) CHICAGO, IL 10-10-80
SCALE-.015"=1 FT.

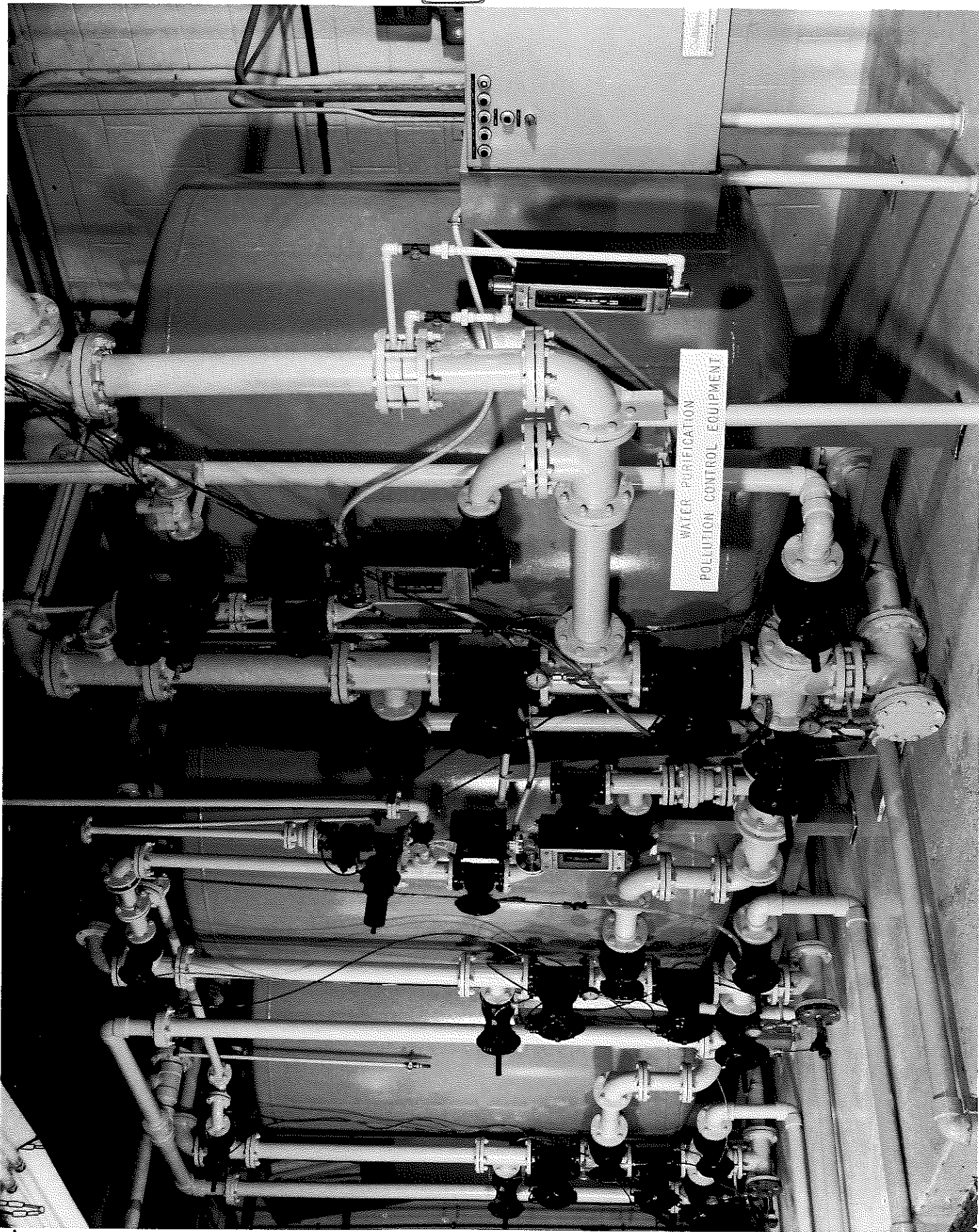
← WILSON AVE →



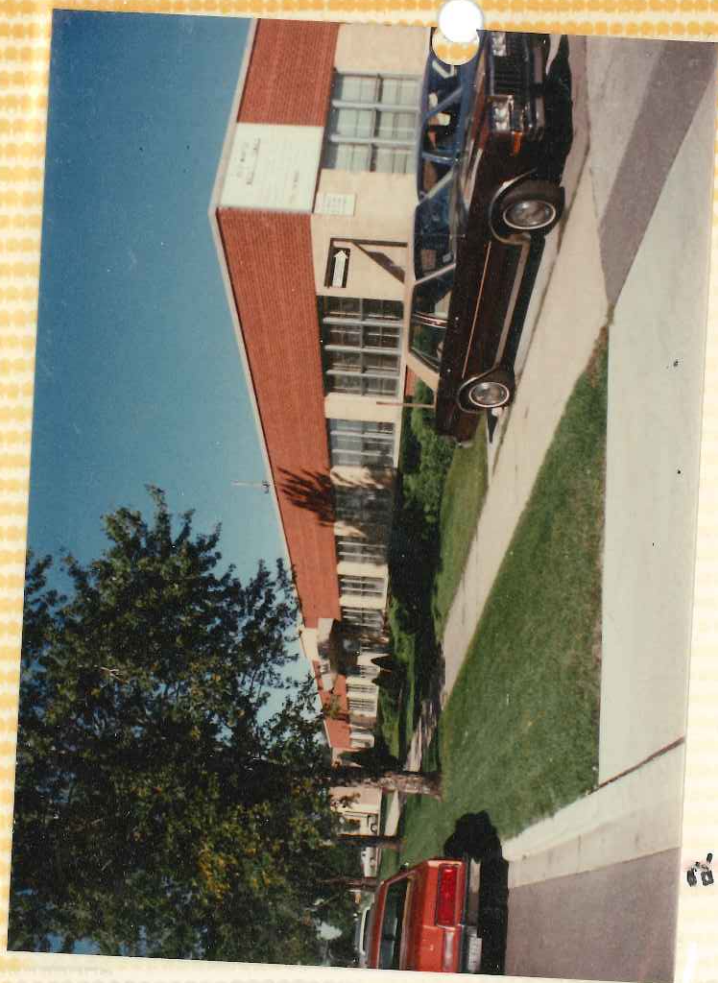
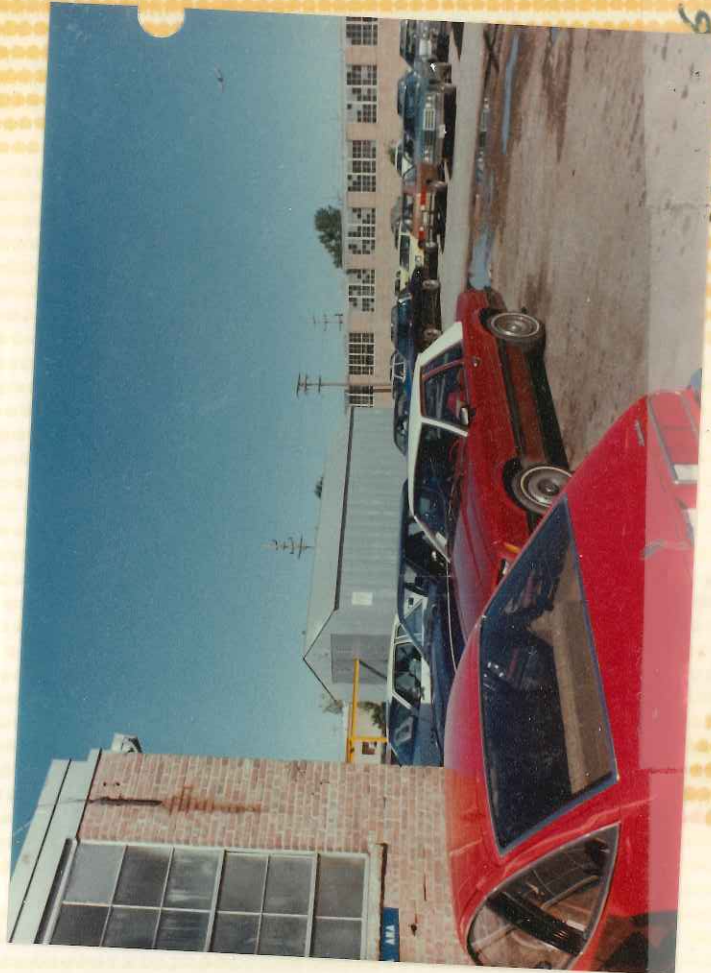
TREATMENT AREA #1



TREATMENT AREA #2



TREATMENT AREA #1

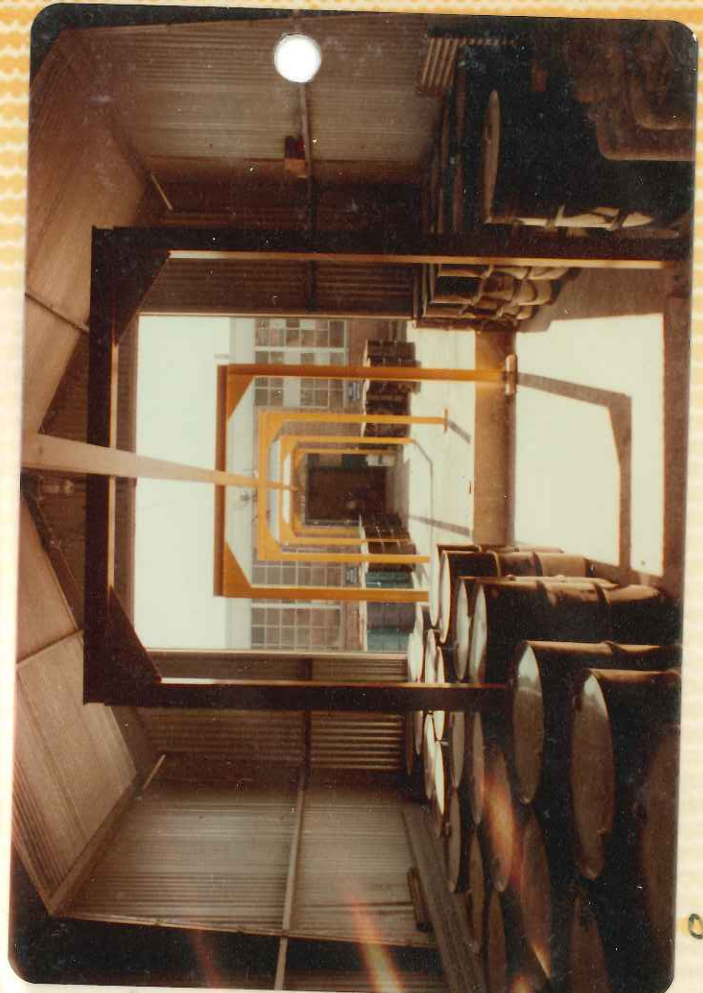




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7

PG. 2 OF 5



7



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11

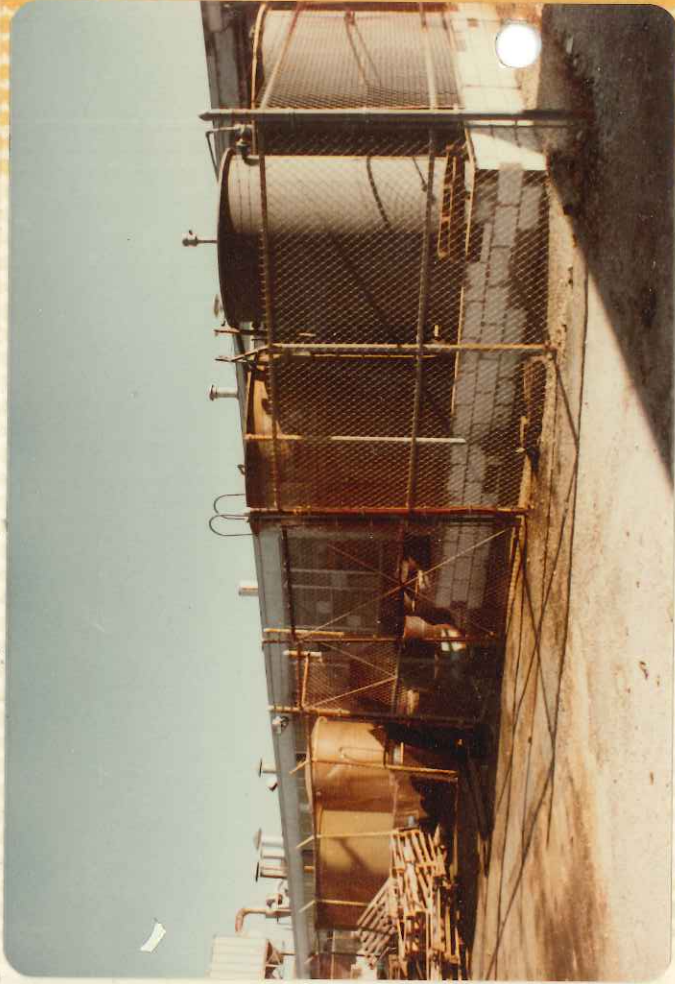


12

PG 3 of 6



15



14



15



16

PG 4 OF 6



17



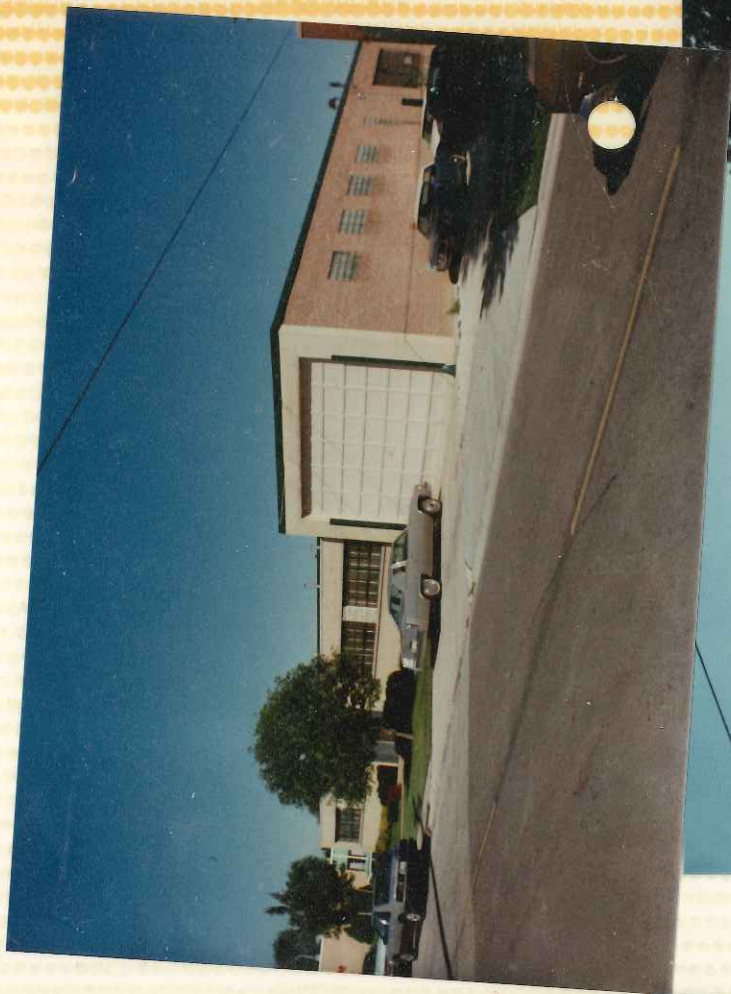
18



19

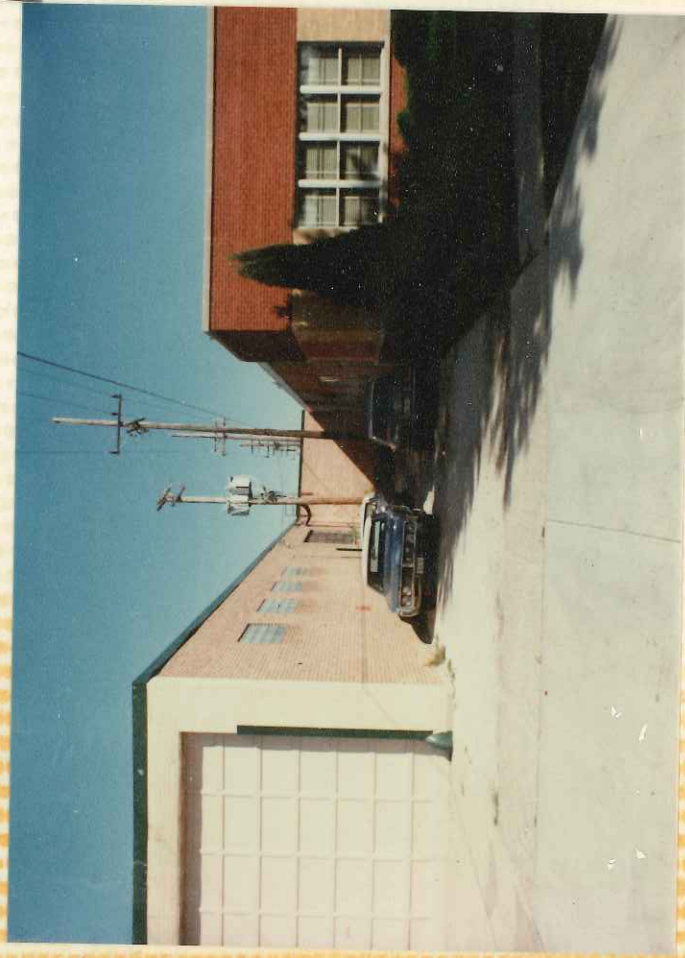


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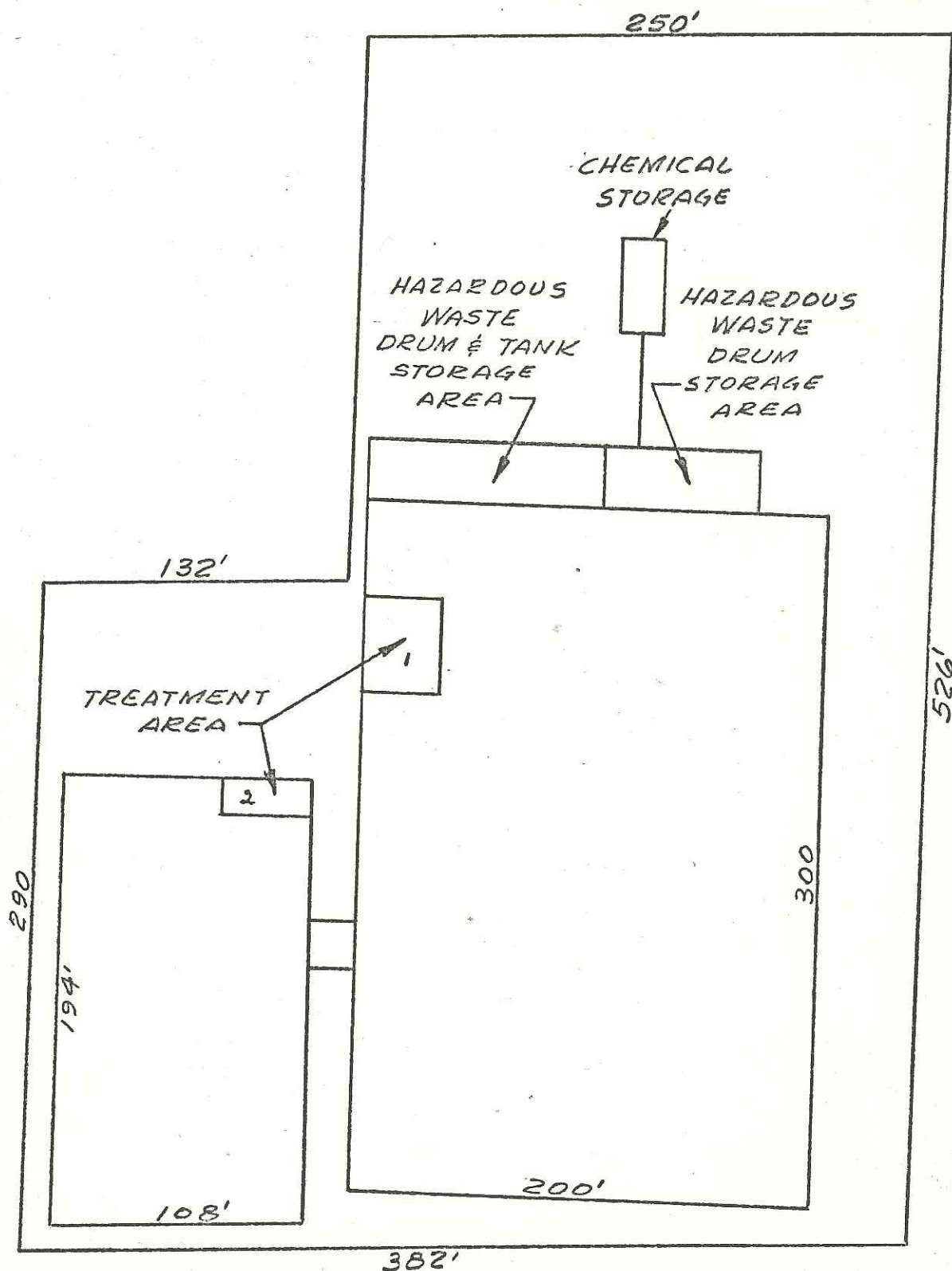
PG 6 OF 6

24



23

V. FACILITY DRAWING (see page 4)



METHODE ELECTRONICS INC.
CHICAGO, IL 10-10-80
SCALE-.015=1FT.